## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000062911

1. Entity Name

**SIGNATURE:** 

**ROYAL REINSURANCE & INVESTMENTS COMPANY** 

FILED Apr 03, 2001 8:00 am Secretary of State

04-03-2001 90090 015 \*\*\*150.00

3/29/0/ (3=5) 26667 Date Daytime Phone #

Principal Place of Business Mailing Address								
299 ALHAMBRA CORAL GABLES	A CIRCLE. SUITE #503 S FL 33134	299 ALHAMBRA CIRCLE. S CORAL GABLES FL 33134	UITE #503					
2. Principal Place of Business  3. Mailing Address  6/6/ Blve Lapon Dyce 6/6/ Blve Lapon				Dure				
Suite, Apt. #, etc. 3 6 Suite, Apt. #, etc. 3				2	DO NOT	WRITE IN THIS S	PACE	
City & Stat		City & State	100	1 4.	. FEI Number <b>65-095</b>	8812	<u> </u>	pplied For
Zip	Country	Zip (6	Country	<u> </u>	Certificate of Status Desi		8.75 Ad	
3312	6. Name and Address of Current R	legistered Agent	nimi	700	Name and Address of N		ee Require	ed
COB	ites, fernando d sr.		Name	cort	er, ren	nan de	<u>.</u>	· 8
200 ALHAMBRA CIRCLE, SUITE #503				Street Address (P.O. Box Number & Not Acceptable)				
COR	IAL GABLES FL 33134					かれる	<i>≠36</i>	0
			City	TIAM	0	FL	Zip Coo	126
8. The above	named entity submits this statement or	the purpose of changing its	registered office	or registered a	agent, or both, in the State	of Florida.		
SIGNATURE _	- lage	<del>\</del>		e e sign	• -	3/29	10/	
<u> </u>	Signature, typed or parted name of registered agent an	<u></u>	E: Registered Agent sign		reinstating)	DATE		
9. This corporation is algebie to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)  FILE NOW!!! F  After MAY 1, 2001    Make Check Payable t				\$5 <b>50</b> .00	10. Election Campaig			May Be to Fees
11.	OFFICERS AND D	IRECTORS	12.	A	DDITIONS CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11
TITLE	D CODTEC EEDMANDO D CD	Delete .	TITLE		10 5 5	 مالمان	Change	☐ Addition
NAME STREET ADDRESS	CORTES, FERNANDO D SR 299 ALHAMBRA STREET #503		NAME STREET ADDRESS	61	al all	Lapoon	920	2e#36
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	1 6	isani) r	=Loria	-331	26
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JIILE £		☐ Delete	TITLE			-	Change	Addition
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TITLE	<u> </u>	□ Delete	TITLE	<del> </del>			Change	Addition
NAME			NAME				- •	_
STREET ADDRESS			STREET ADDRESS					-
CITY-ST-ZIP			CITY-ST-ZIP					
13. I hereby of indicated of the corp	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empoy or on an attachment with an address with	nis filing does not qualify for tue and accurate and that mered to execute this report	the exemption st ny signature shall as required by Cl	ated in Section have the same napter 607, Flor	n 119.07(3)(i), Florida Statu e legal effect as if made ur rida Statutes; and that my	utes. I further certif nder oath; that I an name appears in	y that the ir n an officer Block 11 or	nformation or director Block 12 if